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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

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FLORIDA PROFIT CORPORATION OR P.A.

ZUNI, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act. hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

Zuni, Inc.

ARTICLE II- PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

4420 SW 73rd Avenue
Miami, Florida 33155

ARTICLE III-SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 shares \$1.00 par value.

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Mauricio Melendez
4420 SW 73rd Avenue
Miami, Florida 33155

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ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Mauricio Melendez
4420 SW 73rd Avenue
Miami, Florida 33155

The undersigned incorporator has executed these Articles of incorporation this 6 day of March 2002


Signature

ARTICLE VI - DIRECTORES (S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

President
Mauricio Melendez
4420 SW 73rd Avenue
Miami, Florida 33155

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/ REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered Agent.


Registered Agent Signature

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